

28/01/05

EXPRESS MAIL LABEL NO.: EV 529 866 890 US

**PATENT**  
Docket No.: 018852-000520US

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Harry L. Platt et al.

Application No.: 10/536,605

Filed: May 25, 2005

For: COMBINED WRIST BLOOD  
PRESSURE AND ECG MONITOR

Customer No.: 20350

Examiner: Not yet assigned

Art Unit: Not yet assigned

REQUEST FOR REFUND UNDER 37  
C.F.R. § 1.26

Mail Stop: 16  
Director of the USPTO  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

On May 25, 2005, Applicants filed the above-referenced application and paid the national filing fee of \$450, claiming small entity status. Review of the Monthly Statement of Deposit Account for June 2005 shows that the filing fees were charged as a large entity. Therefore, Applicants request a refund of \$450 to Deposit Account 20-1430. Enclosed please find:

1. Copy of Fee Transmittal as originally filed indicating Applicants are entitled to Small Entity Status;
2. Copy of ADS as filed showing that Small Entity Status is claimed; and
2. Copy of June 2005 Monthly Statement of Deposit Account No. 20-1430 showing that \$900 was incorrectly charged for the filing of this application.

**BEST AVAILABLE COPY**

Harry L. Platt et al.  
Application No.: 10/536,605  
Page 2

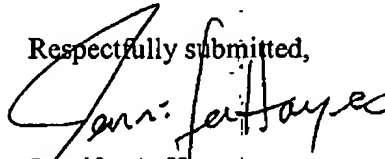
PATENT

Applicants hereby authorize the Commissioner to credit half the filing fees in the amount of \$450 to the undersigned's Deposit Account No. 20-1430. This Request for Refund is submitted in duplicate.

If the Examiner believes a telephone conference would expedite the granting of the requested credit, please telephone the undersigned at (650) 326-2400.

Date: Nov. 28, 2005

Respectfully submitted,



Jennifer A. Hayes  
Patent Agent  
Reg. No. 48,868

TOWNSEND and TOWNSEND and CREW LLP  
Two Embarcadero Center, Eighth Floor  
San Francisco, California 94111-3834  
Tel: (415) 576-0200  
Fax: (415) 576-0300  
Attachments (as noted)  
JAH:sej

60644332 v1

**BEST AVAILABLE COPY**



**UNITED STATES PATENT AND TRADEMARK OFFICE**

Commissioner for Patents  
United States Patent and Trademark Office  
P.O. Box 1450  
Alexandria, VA 22313-1450  
[www.uspto.gov](http://www.uspto.gov)

# MONTHLY STATEMENT OF DEPOSIT ACCOUNT

to replenish your deposit account, detach and turn top portion with your check. Make check payable to Director of Patents & Trademarks.

TOWNSEND & TOWNSEND AND CREW  
MICHELE SIMONE  
TWO EMBARCADERO CENTER  
8 TH FLOOR  
SAN FRANCISCO CA 94111-3834

FINA .

Account No.	201430
Date	6-30-05
Page	10

**PLEASE SEND REMITTANCES TO:**  
**U. S. Patent and Trademark Office**  
**P.O. Box 70541**  
**Chicago, IL 60673**

[illegible]


**AN AMOUNT SUFFICIENT TO  
OVER ALL SERVICES REQUESTED  
MUST ALWAYS BE ON DEPOSIT**

OPENING BALANCE	TOTAL CHARGES	TOTAL CREDITS	CLOSING BALANCE
-----------------	---------------	---------------	-----------------

3 16/2004

\*\*\* O.D. INDICATES OVERDRAWN

**BEST AVAILABLE COPY**

U.S. APPLICATION NO. (if known, see 37 CFR 1.5) <b>To be assigned</b>		INTERNATIONAL APPLICATION NO. <b>PCT/AU03/01568</b>		ATTORNEY'S DOCKET NUMBER <b>080412-000000US</b>	
The following fees have been submitted:				<b>CALCULATIONS</b>	<b>PTO USE ONLY</b>
21. <input checked="" type="checkbox"/> Basic national fee ..... \$300				\$ 300	
22. <input checked="" type="checkbox"/> Examination fee If International preliminary examination report prepared by USPTO and all claims satisfy provisions of PCT Article 33(1)-(4) ..... \$100 All other situations ..... \$200				\$ 200	
23. <input checked="" type="checkbox"/> Search fee Search fee (37 CFR 1.445(a)(2)) has been paid on the International application to the USPTO as an International Searching Authority ..... \$100 International Search Report prepared and provided to the Office ..... \$400 All other situations ..... \$500				\$ 400	
<b>TOTAL OF 21, 22 and 23 =</b>				<b>\$ 900</b>	
<input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.					
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof (round up to a whole number)	RATE		
- 100 =	/50 =		x \$250	\$ 0	
Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(h)).				\$	
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE		
Total claims	11 - 20 =	0	x \$ 50	\$ 0	
Independent claims	2 - 3 =	0	x \$200	\$ 0	
MULTIPLE DEPENDENT CLAIM(S) (if applicable)				+ \$360	\$ 0
<b>TOTAL OF ABOVE CALCULATIONS =</b>				<b>\$ 900</b>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Fees above are reduced by 1/2.				\$ 450	
<b>SUBTOTAL =</b>				<b>\$ 450</b>	
Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(i)).				+	\$
<b>TOTAL NATIONAL FEE =</b>				<b>\$ 450</b>	
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property				+	\$
<b>TOTAL FEES ENCLOSED =</b>				<b>\$ 450</b>	
				Amount to be refunded:	\$
				Amount to be charged:	\$ 450
a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed. b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <u>20-1430</u> in the amount of \$ <u>450</u> to cover the above fees. A duplicate copy of this sheet is enclosed. c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>20-1430</u> . A duplicate copy of this sheet is enclosed. d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.					
SEND ALL CORRESPONDENCE TO: <div style="text-align: right; margin-top: 10px;">             SIGNATURE  <u>Joe Liebeschuetz</u>            NAME  <u>37.505</u>            REGISTRATION NUMBER         </div>					

**BEST AVAILABLE COPY**

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: COMBINED WRIST BLOOD PRESSURE AND  
ECG MONITOR

Attorney Docket Number:: 080412-000000US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 5

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Australia  
Status:: Full Capacity  
Given Name:: Harry  
Middle Name:: Louis  
Family Name:: Platt  
Name Suffix::  
City of Residence:: East Gardens NSW 2036  
State or Province of Residence::  
Country of Residence:: Australia  
Street of Mailing Address:: Suite 407, Office Tower  
Postal Address Line Two:: Westfield Shopping Town  
City of Mailing Address:: East Gardens NSW 2036  
State or Province of mailing address::  
Country of mailing address:: Australia  
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Australia  
Status:: Full Capacity  
Given Name:: Allan  
Middle Name:: Michael  
Family Name:: Shell  
Name Suffix::  
City of Residence:: East Gardens NSW 2036  
State or Province of Residence::  
Country of Residence:: Australia  
Street of Mailing Address:: Suite 407, Office Tower  
Postal Address Line Two:: Westfield Shopping Town

City of Mailing Address:: East Gardens NSW 2036  
State or Province of mailing address::  
Country of mailing address:: Australia  
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Vladimir  
Middle Name::  
Family Name:: Jankov  
Name Suffix::

City of Residence:: East Gardens NSW 2036  
State or Province of Residence::  
Country of Residence:: Australia  
Street of Mailing Address:: Suite 407, Office Tower  
Postal Address Line Two:: Westfield Shopping Town  
City of Mailing Address:: East Gardens NSW 2036  
State or Province of mailing address::  
Country of mailing address:: Australia  
Postal or Zip Code of mailing address::

#### **Correspondence Information**

Correspondence Customer Number:: 20350

#### **Representative Information**

Representative Designation::	Representative Number::	Representative Name::
Primary	37,505	Joe Liebeschuetz
Associate	37,505	Joe Liebeschuetz

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	US national phase of	PCT/AU03/01568	November 25, 2003

**Foreign Priority Information**

Country::	Application number::	Filing Date::
Australia	2002952927	November 25 2002

**Assignee Information**

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::